



Application S.N./Registration No.: 10/726246
Filing Date: 12/2/03 File/Docket No.: 10/10/CLP

Receipt of Transmitted Documents

Patent Office Mail Room: Please place the Mail Room Date Stamp on this card to indicate receipt by the U.S. PTO of the paper(s) identified below and return card to sender.

Type of Paper:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Amendment | <input type="checkbox"/> Declaration |
| <input type="checkbox"/> Brief | <input type="checkbox"/> Certificate of Corr. |
| <input type="checkbox"/> Maintenance Fee | <input type="checkbox"/> Request for Ext. of Time |
| <input type="checkbox"/> Appeal Board's Decision | <input type="checkbox"/> Petition |
| <input type="checkbox"/> Issue Fee | <input type="checkbox"/> Missing Parts |
| <input type="checkbox"/> Priority Document | <input type="checkbox"/> 132 Declaration |
| <input type="checkbox"/> Formal Drawings | <input type="checkbox"/> Transmittal Letter (in duplicate) |
| <input type="checkbox"/> Notice of Appeal | <input type="checkbox"/> Rule 53(d) Continuation (CPA) |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Assignment w/rec. Cover Sheet |
| <input type="checkbox"/> Terminal Disclaimer | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Request for Recon. | |
| <input type="checkbox"/> References (IDS)/PTO1449 | <input type="checkbox"/> Deposit Acct Authorization and Info. Provided |
| <input type="checkbox"/> Preliminary Amend. | |

A Check drawn in the amount of \$..... (#.....)

is also attached hereto.

Mailed: ☐ COM ☒ COEM #.....

Best Available Copy



EV 888944640 US

Mailing Label
Label 11-F, April 2004



UNITED STATES POSTAL SERVICE®

Post Office To Addressee

ORIGIN (POSTAL SERVICE USE ONLY)			
PO ZIP Code	Day of Delivery <input type="checkbox"/> Next <input type="checkbox"/> 2nd <input type="checkbox"/> 2nd Del. Day	Postage \$	
Date Accepted	Scheduled Date of Delivery	Return Receipt Fee \$	
Mo. Day Year	Month Day	COD Fee \$	Insurance Fee \$
Time Accepted <input type="checkbox"/> AM <input type="checkbox"/> PM	Scheduled Time of Delivery <input type="checkbox"/> Noon <input type="checkbox"/> 3 PM	Total Postage & Fees \$	
Flat Rate <input type="checkbox"/> or Weight	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Acceptance Emp. Initials	
lbs. ozs.	Int'l Alpha Country Code		

DELIVERY (POSTAL USE ONLY)		
Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day		
Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day		
Delivery Date	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day		
<input type="checkbox"/> WAIVER OF SIGNATURE (Domestic Mail Only) Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.		
NO DELIVERY <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday		
Customer Signature		

CUSTOMER USE ONLY
METHOD OF PAYMENT:
Express Mail Corporate Acct. No. _____
Federal Agency Acct. No. or
Postal Service Acct. No. _____

FROM: (PLEASE PRINT) PHONE 203, 921 2844
STEVEN GARNER
LEGAL DEPARTMENT
CONAIR CORPORATION
1 CUMMINGS POINT RD STE 1
STAMFORD CT 06902-7901
USA

COMMISSIONER FOR PATENTS
PO BOX 1450
ALEXANDRIA, VA 22313-1450

FOR PICKUP OR TRACKING: Visit www.usps.com or Call 1-800-222-1811



PRESS HARD. YOU ARE MAKING 3 COPIES.

10/10/CLP